

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 16097

Registered No. 776

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

City

Miami

No. 715

Church Hill

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Natalia Rodriguez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

Female

5. No., in order of birth

yes

Sept 19-1928

8.

FATHER

Full name

Jose Rodriguez

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex

11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

Zacatecas

(State or country)

Mex.

13. Occupation

Nature of industry

miner

14.

MOTHER

Full maiden name

Rosa Caraviza

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex

17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

Chihuahua

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

2

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

2

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 3 A. m. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician
or midwife, then the father, householder,
etc. should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Byril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address Miami, Arizona

Filed

Dec 2, 1928

Registrar.

Registrar.

599-919-731